

1-28-85

Please print or type (Form designed for use on elite (12-pitch) typewriter.)

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator's US EPA ID No. CAX000015016	Manifest Document No.	2. Page 1 of 1	Information in the shaded areas is not required by Federal law.	
3. Generator's Name and Mailing Address KEY MECHANICAL SERVICE 10905 Laurel Ave. Santa Fe Springs, CA 90670			A. State Manifest Document Number 84341318			
4. Generator's Phone ( )			B. State Generator's ID CAX000015016			
5. Transporter 1 Company Name KEY MECHANICAL SERVICE			6. US EPA ID Number CAX000015016		C. State Transporter's ID	
7. Transporter 2 Company Name			8. US EPA ID Number		D. Transporter's Phone 9420226	
9. Designated Facility Name and Site Address OMEGA CHEMICAL CORP. 12504 E. Whittier Blvd. Whittier, CA 90602			10. US EPA ID Number CADO42245001		E. State Transporter's ID	
					F. Transporter's Phone	
					G. State Facility's ID CADO42245001	
					H. Facility's Phone 213/698-0991	
11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)			12. Containers		13. Total Quantity	
a. HAZARDOUS WASTE, LIQUID N.O.S. N9180 R 11			No. Type		Unit Wt/Vol	
			003 DM		600 P	
b.						
c.						
d.						
14. Additional Descriptions for Materials Listed Above			15. Handling Codes for Wastes Listed Above 01			
16. Special Handling Instructions and Additional Information						
17. GENERATOR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national governmental regulations.						
Printed/Typed Name A. Lopez			Signature ANGEL LOPEZ		Date Month Day Year 1/28/85	
17. Transporter 1 Acknowledgement of Receipt of Materials			Signature ANGEL LOPEZ		Date Month Day Year 1/28/85	
18. Transporter 2 Acknowledgement of Receipt of Materials			Signature		Date Month Day Year	
Printed/Typed Name			Signature		Date Month Day Year	
19. Discrepancy Indication Space						
20. Facility Owner or Operator: Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.						
Printed/Typed Name N. Jay Solomon			Signature N. Jay Solomon		Date Month Day Year 10/28/85	